

10/517384

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2						52							
3						53							
4						54							
5						55							
6						56							
7						57							
8						58							
9						59							
10						60							
11						61							
12						62							
13						63							
14						64							
15	1					65							
16		1				66							
17			1			67							
18				1		68							
19	1					69							
20		1				70							
21	1					71							
22			1			72							
23				1		73							
24	1					74							
25		1				75							
26			1			76							
27				1		77							
28					1	78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38	1					88							
39		1				89							
40			1			90							
41				1		91							
42	1					92							
43		1				93							
44			1			94							
45				1		95							
46					1	96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	7												
TOTAL DEP.	45												
TOTAL CLAIMS	32												

U.S. DEPARTMENT OF COMMERCE  
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PTO - 1360 (REV. 11/04)